Superior Court of California County of Kern

Arbitrator Panel Application

Name:
Occupation:
Employer:
Address:
City:
Tele:
Fax:
Cell:

Education

Undergraduate School/College (school, state, degree, date awarded):

Attorney Bar # (if applicable):

Other Professional Licensure (licensing agency, state, #):

Graduate/Law School (school, state, degree, date awarded):

Qualifying Training

(Completion of applicable minimum hours of specified ADR training, attach proof of completion, include institution names, program titles, dates, and hours completed.)

Qualifying Experience

(Identify at least two (2) cases decided or evaluated, case name, case number (if any), and a brief summary of the case.)



Areas of Emphasis

(Check all areas you claim expertise or special experience)

Bankruptcy Business/Contract Civil Rights Complex Litigation Conservatorships Construction Employment/Labor Environmental Entertainment Family Law	000000000	Government (Public) Health Care Intellectual Property Insurance/Bad Faith Landlord/Tenant Medical Malpractice Personal Injury Product Liability Professional Malpractice Probate/Wills, Trusts, Estates Real Property Other (Identify):	0000000000
Multi-Lingual Abilities (Lis process.):	t all languages oth	her than English in which you can conduc	t an ADR
Insurance Carrier (if any):			
Have you ever been convict If so, explain:	ed of a felony or a	a misdemeanor involving moral turpitude?)
Have you ever been refused	l bond? If so, explo	ain:	
Other Relevant Information	u:		
accurate and complete and	I authorize the con	mation provided in this application is urt to make any information contained in gh the court's website or through other	
Signature:		Date:	
Required Attachments: Res	ume or Curriculun	n Vitae; Statement of Agreement; Two Ca	ise
Participant Evaluations or I	Post Arbitration Su	irveys.	